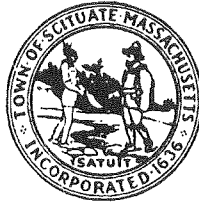


TOWN OF SCITUATE

BOARD OF HEALTH



600 Chief Justice Cushing Hwy.
Scituate, Massachusetts 02066
Telephone (781) 545-8725
Fax (781) 545-8704

To: Scituate Septic System Inspector Permit Holders
From: Scituate Board of Health
Date: October 25, 2016
Subject: 2017 Septic System Inspector Annual Permit Renewal

Dear Septic System Inspector Permit Holders,

Enclosed is your 2017 inspector permit application form. In order to receive your 2017 permit, you will need to provide a complete application package, which includes: 1) completed application form, 2) the fee of \$25.00 with a check made payable to the Town of Scituate, and 3) copies of your worker's compensation and liability insurance forms with the Town of Scituate listed as the certificate holder. You will need to have a valid Town of Scituate permit prior to initiation of your first inspection in 2017.

Should you have any questions, please contact my office at 781-545-8725.

Sincerely,

Jennifer Keefe
Director of Public Health
Scituate Board of Health



TOWN OF SCITUATE BOARD OF HEALTH

APPLICATION FOR TITLE 5 INSPECTOR

\$25.00 FEE

Date: _____

New Application ☐

Renewal ☐

In accordance with provisions of the Statutes relating thereto, application for a permit is hereby made by:

Name (individual):	
Company Name (if different):	
Address:	
Telephone Number:	
E-mail Address:	

Pursuant to MGL CH 62c, SEC 19, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under the law.

Signature	
Social Security or Federal I.D.:	

Worker's Comp Certificate: _____

Copy of Valid State Certification: _____

Copies of 3 Valid Licenses from other towns: _____

Copy of Liability Certificate: _____

Reviewed by Director, Public Health: APPROVED ☐

DENIED: ☐

OTHER/NOTES:

Date Received: _____

Check#: _____

Permit#: _____

Please return to: Scituate Board of Health
600 Chief Justice Cushing Highway
Scituate, MA 02066